

Kentucky Department of Education
Division of Learning Services
REQUEST TO EXCEED CASELOAD, CLASS SIZE AND/OR
GRADE RANGE REQUIREMENTS
2018-2019
(707 KAR 1:350)

Date of Request: _____

Type of Request (Check all that apply):

☐ Caseload ☐ Class Size ☐ Grade Range

Special Education Cooperative			
District:		District Number:	
Director of Special Education:		Phone Number:	
School:			
Principal:			

Teacher:		Total Caseload:	
Classroom Type:			
School Level:			
Grade Range of School:	to		
Special Education Code:			

1. Has a Waiver Request been approved for this teacher in the last two school years?

☐ Yes ☐ No

If Yes, explain:

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2. Briefly explain the unusual circumstances and specific reasons that warrant this request.

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3. Is there a **full-time** instructional aide assigned to this teacher for each class period?

☐ Yes ☐ No

If no, is there an aide assigned to the special education teacher when an overage occurs?

☐ Yes ☐ No

4. Is this teacher assigned to teach any general education classes (*not including collaboration*) during the instructional day?
☐ Yes ☐ No
5. Is this class/unit located at a school campus that is age and grade level appropriate for the students being served?
(e.g., High school age or grade level students are not being served at a unit located on a middle or primary school campus.)
☐ Yes ☐ No

Attach description of teacher's daily schedule. Include caseload, class schedule and grade range per period.

Attach the plan for reducing the caseload and/or grade range for this class prior to the beginning of next school year.

If granted, this waiver will not impede any exceptional child from achieving his or her Individual Education Program in the least restrictive environment (KRS 157.360(4)).

Superintendent Signature

FOR OFFICE USE ONLY

REQUEST NO.: _____ DATE: _____

APPROVED: _____ DATE: _____
(Reviewer's Initials)

NOT APPROVED: _____ DATE: _____
(Reviewer's Initials)

CORRECTIVE ACTION PLAN APPROVED: _____
(Reviewer's Initials) _____
Date